

ISSUE D.I.P. STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		6-9-99
I.P.E. CLASSIFIER			99
FORMALITY REVIEW	R.I.M.	71628	6-18-98

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1			6/2/99
2			10/15/99
3			6/2/99
4			9/13/99
5			2/4/00
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Claim	Final	Original	Date
51			6/2/99
52			10/15/99
53			6/2/99
54			9/13/99
55			2/4/00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here